Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	08/25/2014	Street:	2900 Block Old State Road 135	
Incident #:	14ISPC007251	Apt, Lot, Room #:		
County:	Harrison	City:	Corydon, IN 47112	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
☐ Lab Seizure☐ Chemical Seizure☐ Equipment Seizure☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)				
☐ One Pot or Birch Reaction(s): ☐ Red Phosphorous/Iodine Reaction(s): ☐ Hydrochloric Acid Gas Generator(s): ☐ Flammable Solvents: Vehicle ☐ Water Reactive Metal (Lithium): Vehicle		Corros	Anhydrous Ammonia: Corrosive Acid: Corrosive Base: Ammonium Nitrate/Sulfate: Other (item and location):	
Child under age 18 discovered (check appropriate)				
Yes (number present) No Children not present but evidence they reside or visit often		Living conditions of home: clean disarray unclean stimated length of time manufacturing had been occurring: N/A Additional Information:		
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:	Mary M. Sterling 2G4WS52J621174228 2002	Make: Model: Color:	Buick Century Tan	
This report has been faxed* or emailed to the following agencies that serve the location:				
Health Depar	ent: <u>Harrison Township</u> tment County: <u>Harrison</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: $\overline{(81)}$	Fax: 812-738-3221 Fax: (812) 738-4292 s@dcs.in.gov Fax: 317-234-7595 or 317-234-7596	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Tom Basham Phone 812-246-5424				
*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of				

scene processing.